



Town of Crested Butte Snow Removal Assistance Program

The Town of Crested Butte (Town) offers a Snow Removal Assistance Program for eligible residents during winter months when Town snow removal operations occur. This program offers assistance with removal of the snow berm left behind from the snowplows at the entrance to your driveway. This service applies to qualified residents of the Town that have a certified medical need, disability, financial hardship, or other justifiable rationale.

In order to be considered for this service, the applicant must meet the following two criteria:

1. Individual who lives in a private, single family, residential property; and
2. Individual that has a certified medical need or disability (valid mobility handicapped parking permit, written verification of disability provided by Social Security Administration, medical certification from a medical professional) coupled with a financial hardship (enrolled in Medicaid, SNAP, LEAP, etc.) or other justifiable rationale for receiving the public benefit conferred through this program.

This application is not a guarantee of snow removal assistance. Individuals must be approved for inclusion in the program, and the program is subject to availability of funding and capacity.

If you have any questions regarding the Snow Removal Assistance Program, please call the Public Works Department at 970-349-5338.

Property Information	
Property Address (where applicant resides)	
Owner of Property (where applicant resides)	
Applicant Relationship to Property Owner	
Applicant Information	
Name (Last, First, MI)	
Mailing Address	
City	
State	
Postal Zip Code	
Country	
Phone Number (xxx-xxx-xxxx)	
Email Address	
Email Address Confirm	

Justification		
Reason For Exemption (identify disability, diagnosis of disability, financial burden or other justification for assistance. Explain how it impairs your ability to remove snow)		
Check all that apply:		
Receive Social Security Disability Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have an ADA placquered and have a medical impairment that prevents me from shoveling snow	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other local, state, or federally subsidized assistance, such as, Medicaid, WIC, SNAP, LEAP, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify:		

Signature and Release of Liability

As a condition of any snow removal assistance (the "Activity") I may receive from the Town of Crested Butte, I hereby recognize and agree that any claims or suits that I might pursue against the Town of Crested Butte as a result of my participation in the Activity specified herein, including but not limited to, claims of property damage, personal injury, and intentional tort, are my sole responsibility. I release the Town of Crested Butte, its Departments, and its officers, employees, attorneys, and agents from any judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by me in pursuing any such claim. I further release the Town of Crested Butte, all its Departments, and its officers, employees, attorneys, and agents, from any liability whatsoever for any and all acts or omissions, under any theory of vicarious liability or otherwise. I further agree to assume the full risk of any property damage or personal injuries which I may sustain as a result of participating in the Activity. I hereby waive, release and discharge any and all claims for property damage and personal injury, including death, which I may have, or which may hereafter accrue to me, as a result of my participation in the Activity. I agree to indemnify and to hold harmless the Town of Crested Butte, its Departments, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as a result of my death, injury, or property damage that I sustain, while participating in the Activity. This waiver, release and assumption of risk is binding upon my heirs and assigns. I further agree that if any claim or suit is pursued by me or on my behalf as a result of injuries from the Activity specified herein against the Town of Crested Butte, its Departments, and its officers, employees, attorneys, and agents, I will indemnify and hold harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

Check Box if you agree to the following conditions

<input type="checkbox"/> Agree	Timeliness. Check here to acknowledge that it may take up to 2 days to have the snow removed based on work loads and weather conditions.
<input type="checkbox"/> Agree	Release. I have carefully read this waver and fully understand its contents. I am aware that this is a release of liability, and a contract between the Town and me, and I sign it of my free will
<input type="checkbox"/> Agree	Certification. I affirm under penalties for perjury that all the information contained in the application is true and accurate.

Signature: _____

Date: _____